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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

COÖPERATION BETWEEN HOSPITAL DEPARTMENTS AND THE TRAINING SCHOOL

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Before attempting to discuss the many important phases of training school administration it is necessary to begin with a hearty, sincere coöperation of departments. It has been demonstrated very generally that the best efforts have often failed through ignorance or egotism on the part of heads of departments. There is no department in any hospital which is sufficient unto itself, it cannot reach its highest efficiency unless it coöperates to the fullest extent with every other department in the institution.

First of all, it is necessary to develop a common viewpoint. This may be brought about by bi-weekly or monthly meetings to discuss the general policies of the hospital, involving primarily the care of the patient, the training of the student nurse, supplies and equipment. It is entirely a perverted point of view to suppose that the training school stands out as a separate factor in hospital life. It is very largely dependent upon the heads of departments for its existence, and every individual who controls any separate unit in the organization should be made to feel that he or she is a teacher and has responsibilities to execute in the training of the student nurse besides a responsibility to the hospital board for the best possible results which may be obtained for the community.

Let us look at the effect produced upon the patient, as the first need of this coöperation. The patient comes to the hospital to receive the very best service it has to offer in exchange for money. The patient is entitled to courtesy, skill and such facilities as we possess which will add to his comfort. We are responsible to the patient for our existence. What have we to offer in exchange? Courtesy, proficient medical care, good nursing and mental and physical comfort. You will perhaps wonder why I have placed courtesy first, because that is the factor in which der why I have placed courtesy first, because that is the factor in which we are most lacking. We have often been so engrossed in the mechanical and scientific pursuits of our profession that we have neglected the patient, especially the ward patient, as a person. He has been a case upon which we were working for a definite result. This attitude has been so general in the complete personnel of our hospitals that the

impression has spread throughout the community, until we have unconsciously acquired the reputation of showing little concern whether the patient survived or succumbed, and until very recently we have not realized, nor could we conceive, how such an interpretation could have been put upon our care. The patient had a clean bed, good food and medical care, but we had not considered his mental needs.

This is not such a difficult problem if the entire working force of the hospital adopt a certain policy and carry it out systematically. It should begin with the admitting office and continue until the discharge of the patient. Make him feel that he is very welcome to the institution, that his arrival is of the utmost importance to you at that particular moment. When he arrives at the ward or private floor, meet him pleasantly, it requires but a reassuring word, and so on through each department. Unless this is universally carried out, you lose the result for which you are striving. Patients are impressionable and some hasty or harsh word in one department may undo the successful efforts of the others. This little attention to courtesy does not interrupt the carrying out of your duties, but it does make their completion much simpler. The patient acquires great confidence in the institution and in the people who are caring for him. This policy should radiate from the hospital telephone as well as through the many visitors who enter its doors. The hospital is maintained for the community, not the community for the hospital.

The nursing care is the next problem for consideration, as its service is entirely dependent upon the attitude of each department. Speaking from a purely administrative viewpoint, the training school administration should form the hub in a wheel with each department as a separate spoke. Now if there are several spokes weak, or entirely broken, the wheel's service is impaired, and this is exactly the condition which we must eradicate if possible. By departments I mean such as the operating rooms, maternity, communicable diseases, housekeeping, dietary, etc. These are all to a very large degree responsible for the training of the student nurse, who is again most largely responsible for the care and happiness of the patient. We cannot expect to get the best results if we place in charge of these departments women who are not especially trained for the particular work or who are not in sympathy with the nursing administration. It is a very unusual lay woman who can render the hospital proficient service and at the same time carry out the policies best adapted to the training school. Then first it would seem wise that, if at all feasible, women filling these positions should have had a nurse's training. This gives her a viewpoint from which to adjust her work. She sees not only the practical side but appreciates the teaching need as

well. This enables her to become a useful unit in a compact whole. In order to train our students properly they must pass through all departments of the hospital in a systematic manner, not here today and there tomorrow, getting that service and eliminating this as it is most convenient for the hospital. This is a teaching proposition and any hospital which assumes voluntarily this responsibility must carry it out to the letter. All work should be clearly outlined in each department to involve so many weeks or months, including a very definite amount of service. I realize that all departments are not exactly alike, but the routine duties of the entire hospital should be uniform.

In a large number of schools today a preliminary course is given, where a very definite technique is taught. Now, it is a very difficult thing to teach a method and to get that same detailed work a year later in the wards, unless there is a very close coöperation of heads. Therefore, let us say we must adopt a uniform method of procedure and a definite standard of work with which every head of a department is in sympathy. It is one thing to outline theoretically an ideal schedule of work as your policy and another to operate that schedule three hundred and sixty-five days in the year. Without coöperation, the effort is lost.

The great harm which results from lack of coöperation may be illustrated as follows: You may have in your operating rooms a woman of unusual ability, systematic, logical, open-minded, in possession of high ideals, and a teacher. Your student nurse completes her service and passes on to another special duty. She has developed a certain amount of system and accuracy and has attained professional ideals. In this next department the nurse in charge is a woman of little executive ability and lacks a broader viewpoint than the four walls of her department have afforded her, she resents the changes which scientific expansion make inevitable and endeavors to conduct her routine in the same manner as was formerly in vogue; she is out of harmony with the rest of the hospital. She consciously or unconsciously develops in the student nurse a feeling of irresponsibility for the procedures which are for the greatest good and advancement of the school and hospital, as well as for the standards which the administration is striving to attain. Thus one department counteracts the other, rather than both laying a foundation upon which the student nurse is to build in the future.

This leads us to the question, What type of woman shall we employ as the head of a department? That phase of administration will be taken up later on in discussing nursing personnel.

(To be continued)